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## FISCAL IMPACT REPORT

SPONSOR HF1 DATE TYPED 2/12/04 HB HJM 23/FIS

SHORT TITLE Albuquerque Area Indian Health Service Funds SB \_\_\_\_\_

ANALYST Dunbar

### APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY04	FY05	FY04	FY05		
			Indeterminate		

### SOURCES OF INFORMATION

LFC Files

### SUMMARY

#### Synopsis of Bill

House Floor Substitute for HJM 23 requests the United States Congress, the Indian health service and the New Mexico congressional delegation to resolve the funding situation involving the Albuquerque area urban Indians, the Albuquerque Indian hospital and all services rendered by the Indian health service to urban Native Americans. The bill also requests Congress to incorporate new language into the Indian Health Care Improvement Act to provide for direct and continued funding of the Albuquerque area Indian health service for the thirty-three thousand Albuquerque area urban Indians.

Copies of this memorial are to be transmitted to the New Mexico congressional delegation, the area director for the Albuquerque health service, the director of the Indian health service in Washington, D.C., and the secretary of health and human services.

#### Significant Issues

The Memorial notes that:

- ❑ Catastrophic primary medical and dental care for the approximately thirty-three thousand American Indians representing over two hundred tribes residing in and around the city of Albuquerque is provided by the Indian health service and the Albuquerque service unit and its qualified health
- ❑ Approximately forty percent of the thirty-three thousand American Indians living in the

Albuquerque area are Navajo Indians who, in addition to receiving basic health care from the Indian health service, were eligible for full contract health care provided by the Albuquerque Indian hospital until 2002 when these services were severely curtailed due to limited funds;

- ❑ Contracting of health care services by the tribes, as directed by Public Law 93-638, has adversely impacted the health care delivery system for the thirty-three thousand Albuquerque area urban Indians by eliminating or greatly reducing health care services now available to them through the Indian health service Albuquerque service unit;
- ❑ In October 2000, the southwest Indian polytechnic institute (SIPI) dental clinic was to be closed for the reasons cited above, but urban Indian representatives, with the support of tribes from the surrounding area and New Mexico congressional representatives, managed to keep it open;
- ❑ The Albuquerque Indian hospital has reduced health care services in the short term, and may be forced to close in the long term if local tribes and pueblos under the Indian health service Albuquerque service unit continue to contract all available health care services from the Albuquerque area Indian health service;
- ❑ In 1997, the Indian health service users statistics showed that of the eighty-five thousand eight hundred fifty-four visits to the Indian health service Albuquerque area facilities, urban Indians made seventy-two thousand seven hundred twenty of those visits, justifying funding at an estimated thirteen million four hundred thousand dollars (\$13,400,000) of the recurring sixteen million six hundred thousand dollars (\$16,600,000) received by the Indian health service Albuquerque area hospital;
- ❑ Albuquerque area urban Indian representatives support the local tribes and pueblos in taking over the Indian health service health care delivery system but, in return, request the support of tribes and pueblos to keep the health care funded by the Indian health service available to the thirty-three thousand Albuquerque area urban Indians;
- ❑ The Indian Health Care Improvement Act, now before the United States congress for action, fails to provide for continued health care services and federal funding through the existing urban Albuquerque area Indian health service facility for the Albuquerque area urban Indian users and is in conflict with and contrary to the intent of congress in the federal Snyder Act of 1921;
- ❑ Although Public Law 93-638 requires the Indian health service to consult with Indian communities on health issues and while tribes and pueblos are represented on the Indian health service Albuquerque service unit board, which is organized for providing advice on funding and other health policy issues, the board does not have a similar system to receive public input on matters affecting the grassroots Albuquerque area urban Indian community and has denied them representation on the Indian health service Albuquerque service unit board.

## **FISCAL IMPLICATIONS**

If the facilities close, the population in need may be forced to seek health care from state funded programs.

**OTHER SUBSTANTIVE ISSUES**

The Floor Substitute request that:

- ❑ The United States congress, the United States department of health and human services, the Indian health service and, specifically, the New Mexico congressional delegation be requested to resolve the funding dilemma at the Albuquerque service unit of the Indian health service.
- ❑ That the United States congress be urged to direct the Indian health service to establish a formal advisory group of grassroots Albuquerque area urban Indian representatives to work together with the Albuquerque area Indian health service to address Indian health service Albuquerque service unit funding and other Indian-related issues; and
- ❑ That the United States congress be requested to amend Public Law 94-437, Title V, Section 512 by inserting the following language:

"Notwithstanding any other provisions of law, the Albuquerque area Indian health service and its qualified service providers, which now serve urban American Indians residing in the Albuquerque area, shall continue to serve urban Indians and be further designated, in addition to continuing to service tribes, as a service or operating unit in the allocation of additional resources and coordination of care for the Albuquerque area urban Indian population and, as such, those resources specifically appropriated by the United States congress and health care reserved for the urban Indian user population shall not be subject to the provisions of the Indian Self-Determination and Education Assistance Act and, further, such designated urban service unit shall establish, with input by the Albuquerque area grassroots urban Indian community, an urban Indian advisory group to further the consultation provisions of this Act.";

**BD/lg**